IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF DELAWARE

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THE JOHNS HOPKINS UNIVERSITY, BAXTER HEALTHCARE CORPORATION, BECTON DICKINSON AND COMPANY,

Plaintiffs.

amums,

Civil Action No. 94-105-RRM

CELLPRO,

٧.

Defendant.

DECLARATION OF DR. SCOTT D. ROWLEY

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Dated: May 28, 1997

Attorneys for Plaintiffs

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DECLARATION OF DR. SCOTT D. ROWLEY

- I, Scott D. Rowley, M.D., hereby declare:
- I am an attending physician in the Clinical Transplant Program at the Fred Hutchinson Cancer Research Center ("FHCRC") in Seattle, Washington, and Director of the Clinical Cryobiology Laboratory, the Aphericia Unit, and the Bone Marrow Harvest Team at FHCRC. In addition, I am Associate Professor of Medician at the University of Washington School of Medicine. I am a co-author of 73 published scientific papers in peer-reviewed journals and a dozen book chapters in the fields of oncology, hematopoietic stem cell transplantation, and related subjects. I have editorial responsibilities for two referred journals, Journal of Hematotherapy and Journal of Cancer Therapy and Control. I am also the President-Elect of the International Society of Hematotherapy and Graft Engineering ("ISHAGE"), a professional organization dedicated to the science and medicine of cell processing for hematopoietic cell therapy. A copy of my Curriculum Vitae is attached hereto as Exhibit A.
- 2. FHCRC is one of the world's leading centers for hemstopoietic stem cell transplantation. In the past five years, we performed, on average, more than 400 transplants per year for adult and pediatric patients suffering from malignancies and other diseases of the blood and immune systems. In the course of my career I have been involved in several thousand transplantation procedures.
- 3. In my capacity as director of clinical cryobiology at FHCRC, I have responsibility for collection, processing, cryopreservation, and reinfusion of all bone marrow and paripheral blood components used in all clinical transplants at FHCRC and in most transplants at collaborating institutions in the Puget Sound area. These responsibilities encompass all stem call selection and tumor and T-oell purging procedures done at FEICRC using both CellPro's

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Coprate® SC system and Baxter's Isolan® 300 system. The recently publicized stam cell selection and tumor cell purging process performed for CellPro's president, Rick Murdock, was done at FHCRC under my supervision. The statements made in this declaration are made on my own personal knowledge and are based on my experience and my review of data kept at FHCRC in the ordinary course of business.

- 4. I am personally familiar with the capabilities of Baxter's Isolex® 300 Stem Cell Selection System and CellPro's Cepress® SC Stem Cell Concentrator system, both of which are currently being used under my supervision at FHCRC. Beginning in late 1994 and continuing to date, we have used Baxter's system in transplant procedures for a total of 47 patients (19 autologous and 28 allogeneic). In that same period, we have used CellPro's system in transplant procedures for a total of 27 patients (7 autologous and 20 allogeneic).
- 300 system for the processing of peripheral blood stem cells for sutologous transplantation in patients with B-lymphoid malignancies, including non-Hodgkin's lymphoma, multiple myeloma, and chronic lymphocytic leukemia. I was Principal Investigator in the trial, in which a total of 19 patients were transplanted between 1995 and 1996. Following high dose chemotherapy, the patients were stinflused with stem cells harvested from their peripheral blood and purified using the Baxter Isolac® 300 system. Initially, we used the Baxter Isolac® 300 SA device, and beginning in 1996 we used the newer model, called the Isolac® 300l, which automates the process and shortens the processing time. The Baxter system uses a monocloual antibody specific for the CD34 antigen and an immunomagnetic separation technique to select CD34 positive cells. In this technique, the CD341 cells initially attach to paramagnetic microspheres. The cells are

passed over a magnet to collect the CD34+ cells and are then released from the microspheres using either enzymatic treatment with chymopapain or competitive binding with a symbetic peptide. For perients treated using the Isolex® 300 SA, in some cases we used the chymopapain release and in others we used the peptide release. In all cases in which the Isolex® 300 was used, the release of cells was accomplished using the symbetic peptide.

- blood stem cells processed using the Baxter devices resulted in rapid and sustained engraftment: the median time to achieve platelet transfusion independence was just 9 days, and the median time to peripheral blood neutrophil count of over 500/nL was just 11 days. The Baxter devices produced high CD34+ purity, averaging 90.8% and ranging as high as 98.7%. The data showed that transplanting highly purified stem cells obtained by use of the Baxter system results in rapid engrathment when either the Isolex® 300 SA or the Isolex® 300 is used, and that the same clinical results are achieved irrespective of whether we used the chymopapain release or the peptide release. The advantage of using highly purified CD34 positive cells in transplantation is that the high purity translates into significant depletion of unwanted CD34 negative cells, such as numor cells. In our study using the Baxter devices, the CD34 positive purities in the cell compositions translated into depletion of 99.96% of CD34 negative cells (range 99.61-99.99%). In my opinion, these results confirm the safety and efficacy of the Baxter system for autologous stem cell transplants.
- 7. I am co-investigator in another origining clinical trial at FHCRC that uses the Baxter Isolan@ 300i in allogeneic (denor) transplantation of peripheral blood stem cells in .

 older patients suffering from advanced hematologic matignancies, including scute myeloid

isukemis, acute lymphocytic leukemis, non-Hodgkin's lymphoma, chronic myeloid isukemis, and multiple myeloma. Twenty-eight patients have been treated thus far under the protocol. Median CD34+ purity was 92% using the Baxter system. The patients experienced rapid engraftment. This study has shown that CD34 enrichment using the Baxter system removes up to 4 logs (99.99%) of T cells and reduces soute graft versus host disease (GVHD).

- 8. Coincidentally, another investigator at FHCRC is conducting a separate allogancic trial using CellPro's Ceprate® SC device for processing of peripheral blood stam cells, following the same protocol as the Baxter allogancic trial except for the device used to process the cells. To date, data from the two trials has shown that the Baxter device provides superior depletion of unwanted lymphocytes in the selected cell population.
- 9. Overall, our data have shown that the Baxter and CeliPro systems provide equivalent yield of CD34+ cells (i.e., number of CD34+ cells in selected population as compared to number of CD34+ cells in original, unprocessed population), but that the Baxter system provides consistently superior CD34 positive purity (and, correspondingly, superior depletion of unwanted CD34 negative cells, including tomor cells).
- To illustrate the latter conclusion, another investigator at FFFCRC has been conducting an autologous peripheral blood stem cell transplant trial for patients suffering from chronic lymphocytic leukemia. The original protocol for that trial specifies use of CaliPro's Ceptate® SC device. However, because of the concentration of tumor cells that remained in the cell suspensions that were harvested from patients in the trial and processed using the CaliPro device, the investigator is planning to smend the protocol in order to use the Beater device instead of the CellPro device.

- experiences with the CellPro and Baxter systems, it is my opinion that the Baxter system achieves superior results for both autologous and allogeneic stem cell transplants. I have discussed the marks of both systems with the technicians in my laboratory at FHCRC who operate them for olinical procedures and they likewise have stated their preference for the Baxter system because of the better results that it provides. In addition, it is my opinion, based upon the data I have reviewed at FHCRC and my knowledge of the CellPro system, that the CellPro system, as it exists today, is substantially less effective than the Baxter system for depleting tumor cells.
- peripheral blood used in Rick Murdock's transplant procedure in 1996. We used the Caprate® SC system in that procedure, in accordance with a protocol specified by CellPiu and approved by Mr. Murdock's attending physician. The procedure involved two steps: a tumor purging step using monoclonal antibodies specific for the CD19 and CD20 antigens expressed on B cells; and a stem cell selection step using a monoclonal antibody (12.8) specific for the CD34 antigen expressed on stem cells. Based upon my experience with the Benter Isoland 300 system and the data generated from the use of that system in clinical trials at FIICRC, it is my opinion that the same combination of steps used in treating Mr. Murdock could be performed with equal or better results using the Benter system.
- 13. In fact, at FHCRC we are planning to initiate a new clinical trial that will use the combination of CD34+ selection and CD19/CD20 termor cell purging for treatment of B cell melignancies. I am the principal investigator for this trial, and I will specify use of the Banter system in the protocol.

14. It is my understanding that CellPro's Ceprate® 5C system received FDA approval in December for use in processing autologous bone marrow. This is a procedure that is almost never performed saymore, either at FHCBC or at other U.S. transplant centers. By way of example, in 1996, at FHCBC we transplanted 119 patients with autologous peripheral blood stem oells. By contrast, we only transplanted 5 patients with autologous bone marrow. It is extremile, unlikely that FHCBC will utilize the CellPro system in the fature for the indication for which it

15. Since CellPro received FDA approval isst December, FHCRC has

purchased Ceprate® disposables for use in transplantation for only one patient.

16. It is my opinion that if for eny reason Cellbro's Caprate® SC system.

became unevailable in the finture, FHCRC could meet its stem cell proceeding needs using.

Becast's Isolace 300 system, either through FDA-enthorized clinical trials or, following FDA spotoval of the Becter system, by purchase from Benter.

1 have not been compensated by Bacter in comsection with the proparation.

of this declaration. In 1993, I was saled by Benter's Immunotherapy Division to serve on its Scientific Advisory Board, and I have received a standard fee from Baxter for serving on that Board. I own no stock in Baxter, and I have no financial interest in the outcome of the dispute between Iohns Hopkins, Benter and Becton Dichinson on the one band and CellPro on the other. My laboratory has received financial support from both Baxter and CellPro in connection with dinical trials conducted at FHCRC. I understand that my employer, FHCRC needwes royalty payments from CellPro based upon CellPro's sales of its Caprate® SC system and disposable

soliqque.

was approved by the PDA.

I declare under penalty of perjury that the foregoing is true and correct. Executed

this 19th day of May, 1997.

Scott D. Rowley, M.D.

Scott Douglas Rowley, M.D.

Social Security No.

022-38-9413

Current Appointments

Research Center:

Associate Member

Fred Hutchinson Cancer Research Center

University:

Associate Professor of Medicine

University of Washington

Hospital:

Active Staff, Medicine Swedish Hospital Seattle, Washington

Addresses

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1124 Columbia Street Seattle, Washington 98104

Tel. (206) 687-5914 Fax. (206) 667-6547

Home:

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Tel. (205) 232-3287

Personal and Family

Date of Birth:

July 1, 1952

Place of Birth:

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Marital Status:

Married

Wife's Name:

Phyllis Liberman

Year of Marriage:

1979

Children:

Rebecca Hannah

Sarah Julie

Year: 1983 1986

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Scott Douglas Rowley, M.D.

	Edt	cation
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B.A (Cum Laude) 1970-74 Williams College

Williamstown, Massachusetts

M.D., University of Massachusetts

Medical School

Worcester, Massachusetts

Postoraduate Training

1974-78

Intern, Department of Medicine 1978-79 Rhade Island Hospital

Providence, Rhode Island

Junior Assistant Resident 1979-80

Decartment of Medicine Rhode Island Hospital Providence, Rhode Island

Teaching Fellow, Brown University 1979-81

School of Medicine, Providence,

Rhode Island

Senior Assistant Resident 1980-81

Department of Medicine Rhode Island Hospital Providence, Rhode Island

Assistant in Oncology 1981-83

The Johns Hopkins University School of

Medicine, Baltimore, Maryland

Assistant in Medicine 1981-83

The Johns Hopkins University School of

Medicine, Baltimore, Maryland

Associate Staff, Oncology Center 1981-83

The Johns Hopkins Hospital, Baltimore.

Maryland

Associate Staff, Medicine 1981-83

The Johns Hopkins Hospital, Baltimore, Maryland

Senior Clinical Fellow in Oncology 1983-84

The Johns Hookins University School of Medicine, Baltimore, Maryland

Senior Clinical Fellow in Hematology 1983-84

The Johns Hopkins University School of

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CONTRACTOR OF LINESPORTS

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1984-86 Instructor in Oncology

The Johns Hopkins University School of

Medicine, Baltimore, Maryland

1984-1991 Assistant Director, Hemspheresis

Treatment Center, The Johns Hopkins

Hospital, Baltimore, Maryland

1984-1991 Member, Full-Time Active Staff,

The Johns Hopkins Hospitzl, Beltimore, Maryland

1986-1991 Assistant Professor of Oncology

The Johns Hopkins University School of

Medicine, Baitmore, Maryland

1991- Associate Member, Fred Hutchinson Cancer Research Center

Seattle, WA

1994- Associate Professor of Medicine

University of Washington School of Medicine

Seattle, WA

Honors

1974 Cum Laude, Williams College

1988 Fellow, American College of Physicians

Board Certifications

1981 Diplomate, American Soard of Internal

Medicine

1983 Diplomate, Medical Oncology, American

Board of Internal Medicine

1984 Diplomate, Hematology, American Board

of Internal Medicine

Current Licenses

3/3/87

1980 License to Practice Medicine

Commonwealth of Messachusetts

1981 License to Practice Medicine

State of Maryland

1991 License to Practice Medicine

State of Washington

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Scott Douclas Rowley, M.D.

Membership in Professional Organizations

1979	American College of Physicians
1984	American Society of Clinical Oncology
1985	American Society of Hematology
1987	American Association of Blood Banks
1993	international Society of Hernatology and Graft Engineering
1995	American Society of Blood and Marrow Transplantation
1996	Foundation for Accreditation of Hernatopoletic Cell Transplantation
ices Held	
1 99 3-1997	Vice President, International Society of Hematotherapy and Graft Engineering
1993-	Chairman, Legal and Requiatory Affairs Committee, International Society of Hematotherapy and Graft Engineering
1993-1994	Chairman, Ad Hoc Cellular Therapies Committee, American Association of Blood Banks
19 94-	Member, Cellular Therapies Committee, American Association of Blood Banks
1995-	Board of Trustees, American Society of Slood and Marrow Transplantation
1996-	Board of Trustees, Foundation for Accreditation of Hematopoietic Cell Transplantation

Editorial Responsibilities

1992-	Journal of Hematotherapy
1992-	Cancer Therapy and Control

Local Responsibilities

1991-	Clinical Laboratories Directors Committee, Fred Hutchinson Cancer Research Center
1992-	Clinical Directors Committee, Fred Hutchinson Cancer Research Center

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Scott Dourdiss Rowley, M.D.

Local Responsibilities (con't)

1994-

Transfusion Committee, FHCRC

1995-

Laboratory Committee, Swedish Hospital

3547

Scott Douglas Rowley, M.D.

- Manuscripts in Refereed Journals
- Rowley, S.D., Brown, N.C.; Bacillus subtilis DNA polymerase III is required for the replication of DNA of 1. bacteriophages SPP-1 and 0105. J. Virol. 21: 493-496, 1977.
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Scott Doublas Rowley, M.D.

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ALL DESCRIPTION OF EXPORE ELLAS

- Rowley, S.D., Jones, R.J., Piantadosi, S., Braine, H.G., Colvin, O.M., Davis, J., Saral, R., Sharkis, S., Wingard, J., Yeager, A.M., Santos, G.W.: Efficacy of ex vivo purging for autologous bone marrow transplantation in treatment of acute nonlymphoblastic leukemia. <u>Blood</u> 74: 501-505, 1989.
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- Wagner, J.E., Santos, G.W., Noga, S.J., Rowley, S.D., Davis, J., Vogelsang, G.B., Farmer, E.R., Zehnbauer, S.A., Saral, R., Donnenberg, A.D.: Bone merrow graft engineering by counterflow centrifugal elutriation: Results of a phase I-li clinical trial, <u>Blood</u> 75: 1370-1377, 1990.
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Scott Douglas Rowley, M.D.

- A. Manuscripts in Refereed Journals
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- 37. Rowley, S.D., Brashem-Stein, C., Andrews, R., Bernstein, I.: Hematopoietic precursors resistant to treatment with 4-Hydroperoxycyclophosphemide: Requirement for an interaction with marrow stroma in addition to hematopoletic growth factors for maximal generation of colony-forming activity. <u>Blood</u> <u>82</u>: 60-65, 1993.
- Petersen, F.B., Lynch, M.H.E., Cilft, R.A., Appelbaum, F.R., Sanders, J.E., Bensinger, W.I., Benyunes, M.C., Doney, K., Fefer, A., Martin, P., Storb, R., Rowley, S., Sutlivan, K.M., Witherspoon, R., Weiden, P., Thomas, E.D., Fisher, L., Hansen, J.A., Buckner, C.D.: Autologous marrow transplantation for patients with acute myeloid leukemia in untreated first relapse or in second complete remission. J. Clin. Oncol. 11: 1353-1360, 1993.
- 39. Weaver, C.H., Appelbaum, F.R., Petersen, F.B., Clift, R., Singer, J., Press, O., Bensinger, W., Bianco, J., Martin, P., Anasetti, C., Badger, C., Deeg, J., Doney, K., Hansen, J.A., Petersdorf, E., Rowley, S., Storb, R., Sullivan, K., Witherspoon, R., Welden, P., Buckner, C.D.: High-dose cyclophosphamide, carmustine and etoposide followed by autologous bone marrow transplantation in patients with lymphoid malignancies who have received dose-limiting radiation therapy. J. Clin. Oncol. 11: 1329-1335, 1993.

- 0-20-01 - 11-014M -

Scott Douclas Rowley M.D.

- A. Manuscripts in Refereed Journals
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Scott Douclas Rowley, M.D.

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Robert W. Day, M.D., Ph.D. Provident and Diractor

May 27, 1997

VIA: FEDERAL EXPRESS

The Honorable Douna E. Shalala Secretary Department of Health and Human Services Hubert H. Humphrey Building, Room 615S 200 Independence Avenue, S.W. Washington, D.C. 20201

Dear Secretary Shalala,

I understand that you have received a declaration from Dr. Scott D. Rowley which was filed by Becton Dickinson and Co./Bexter Health Care in opposition to CeliPro's request that the Department of Health and Human Services execute its "march-in" rights to the Civin patents.

Although Dr. Rowley is a faculty member at Fred Hutchinson Cancer Research Center, the views expressed in his declaration are his own and do not represent the views of Fred Hutchinson Cancer Research Center. Fred Hutchinson Cancer Research Center remains firmly committed to the views expressed to you in the letter from me and Dr. Hartwell dated April 25, 1997. For the reasons stated in that letter, Fred Hutchinson Cancer Research Center continues to urge the Department of Health and Human Services to ensure that a commercially reasonable license under the Civin patents is offered to CellPro.

Very truly yours,

Fred Hutchinson Cancer Research Center

Robert W. Day, M.D.

œ:

Robert Lanman, Esq. Dr. Harold Varmus

From:

Amy Ross

To:

J. Jan. 195

MURDORD

Date: Subject: 5/27/97 1:59pm Scott Rowley

Dear Rick:

It is with concern that I read Dr. Scott Rowley's recent declaration regarding his assessment of the CellPro CEFRATE SC and Baxter Isolex SA and 3001 CD34+ cell selection systems. Recently (May 1 - 4, 1997) Dr. Rowley and I were invited speakers at the Peripheral Blood Stem Cells '97 Workshop in Tempe, AZ. The workshop, which is designed to provide stem cell researchers and technologists with state-of-the-art training data, was co-sponsored by ISHAGE, Johns Hopkins University, and the University of South Carolina. During an "Ask the Experts" workshop, Mr. Ricardo Sumugod, a stem cell processing technologist at the Canadian Red Cross, Winnipeg, Manitoba, Canada, asked the panel (comprised of Dr. Rowley, Dr. Stephen Noga, Dr. Adrian Gee, and myself) if anyone could provide a comparison of the CEFRATE and Isolex systems. Dr. Rowley responded that purity and yields varied due to a variety of factors. some patient-related and some technology-related. He did state that the new Isolex 300; showed somewhat better purities than the CEPRATE and the Isolex SA. However, he also stated that, from an ease-of-use point of view, his laboratory staff liked the CEPPATE system, as it was more user-friendly. These comments are contrary to those stated by Dr. Rowley in his signed declaration of May 19, 1997. I just wanted to make you aware of these apparently conflicting statements.

Amy Ross Division of Diagnostic Applications

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JACOBC, REITEJM, TARNOJS, CULVELG



April 25, 1997

The Honorable Donna E. Shalala Secretary Department of Health and Human Services Hubert H. Humphrey Building, Room 615S 200 Independence Avenue, S.W. Washington, D.C. 20201

Dear Secretary Shalala,

We are writing to you in support of CellPro's request that the Department of Health and Human Services exercise its "march-in" rights under the Bayh-Dole Act to the Civin patents (U.S. Patent No. 4,965,204, U.S. Patent No. 4,965,680, U.S. Patent No. 5,035,994, and U.S. Patent No. 5,130,144), which are owned by Johns Hopkins University and were developed through government-funded research. We believe that this action is necessary under the circumstances to ensure the availability to the public of a potentially life-saving product for patients with breast cancer, lymphoma, and related cancers.

CeilPro was founded in 1989 by Dr. Ronald Berenson, a clinical investigator at Fred Hutchinson Cancer Research Center ("Hutchinson Center") who developed a unique method of isolating and separating stem cells that used an antibody directed to a CD34 antigen. Subsequently, CellPro licensed the Hutchinson Center's rights to the core technology, which was the subject of a pending patent application, and an unpatented anti-CD34 monoclonal antibody designated 12.8. Like the Johns Hopkins technology, both the core technology and the 12.8 antibody were developed with federal grant funding. CellPro has diligently developed this technology into a useful and life saving product, CellPro's Ceparate SC Product, which was approved by the FDA in December of 1996.

As you know, CellPro is involved in a commercial dispute with Becton Dickinson & Company/Baxter HealthCare, the licensees of the Johns Hopkins technology, involving the right to practice the Hutchinson Center and Johns Hopkins technologies. Whatever the merits of the parties respective legal positions in this dispute, none of the parties should be allowed to use patent rights developed with federal funds to prevent a useful and potentially life-saving product from being made available to the public.

Private ownership of the patent rights at issue was made possible by the Bayh-Dole Act. The purpose of that Act was to promote the commercialization and public availability of inventions made in the United States by United States industry and labor. As a licensor of many inventions based on government funded research, we share the view of many in the research and biotechnology community that the non-judicious use of "march-in" rights of the government could have a chilling effect on commercialization of government funded technology. However, the special rights granted by the Bayh-Dole Act were not intended to be used by commercial entities that benefit from the Act's provision to prevent the public which funded those very rights from having access to useful products. The situation is even more egregious in cases such as this, in which the product involved is not only useful, but potentially life-saving. At a minimum, we believe it is incumbent upon DHHS and NIH to ensure that a commercially reasonably license under the Johns Hopkins patients is offered to CellPro.

Thank you for your consideration of this letter.

Very truly yours,

Fred Hutchinson Cancer Research Center

President and Director

President and Director Elect